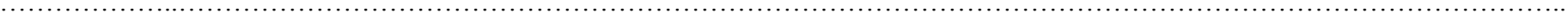


TaP: Year One



Teen & Pregnant Clinic

Annual Report January 2012-April 2013



Outline

- I. Introduction and goals
- II. Overview of services at TaP
- III. What makes TaP different?
- IV. Clinic staff and summary of roles
- V. The patient journey in clinic
- VI. Community collaborations and referrals
- VII. Current numbers
- VIII. Successes and challenges
- IX. Goals for 2013 and beyond

I. TaP Introduction



Why is TaP important to our community?

- 3 in 10 girls in the U.S. become pregnant by age 20
- Teen childbearing is a huge taxpayer burden
- Only half of teen mothers graduate from high school
- Teen mothers are at greater risk for pregnancy complications
- Children born to teenage mothers are at increased risk for abuse and neglect
- Preterm birth and infant mortality is a major problem in Franklin County. Preterm birth is the #1 cause of infant mortality

TaP Introduction continued

- The Teen and Pregnant program (also known as TaP) was established in January 2012 as a collaboration between OBBO (Ohio Better Births Outcomes) and Nationwide Children's Hospital
- TaP was created partially in response to high rates of infant mortality in Ohio/Franklin County
- TaP was created as a prenatal subspecialty clinic as a part of Adolescent Medicine.
- Patients are between ages of 13-21 and are seen for both prenatal and postpartum care
- OBBO Goals:
 - 1. Lower infant mortality
 - 2. Lower race disparity in infant mortality
 - 3. Lower the number of days of babies in NICU

TaP Goals

DECREASE ... 	INCREASE ... 
Weeks of initiation of prenatal visit	Number of prenatal and postpartum visits
Prematurity	Use of LARCs
Incidence of teen pregnancy	Safe sleep practices
SIDS	Healthy habits
Infant mortality	School retention
Social disparity	Breastfeeding
Subsequent pregnancies	Primary Care referrals
Smoking/alcohol/drug use	Recognition of pregnancy problems
Barriers to prenatal care	Self-confidence

II. Summary of TaP Services

- Prenatal Appointments-every 4 weeks up to 28 weeks EGA, every 2 weeks up to 36 weeks gestation, weekly after 36 weeks
- Postpartum Appointments at 2,4 and 6 weeks
- All labs and tests in-clinic, excluding ultrasounds
- Referral to labor & delivery of choice- TaP will fax records and maintain communication with L&D
- Consultation with multi-disciplinary team, including MD, RN, Social Worker & Dietitian for initial assessment and ongoing care

TaP Services Continued

- Referrals to appropriate agencies for case management and resources..TaP has partnered with many agencies for teen and pregnancy-centered services, including NCH agencies (Behavioral Health)
- In-clinic pregnancy and parenthood education including smoking cessation, safe sleep, breastfeeding
- Helpful information and education for father-to-be
- Birth control counseling and administration
- Referral to Primary Care for patient and baby (couplet care proposed for 2013)
- Centering (Group health care)- will begin in 2013

III. Why is TaP different?

What makes TaP special?

TaP follows a “life-cycle approach.” Our staff operates according to the “big picture” when treating our patients. We consider the patient’s family, background, and community when assessing for needs and delivering services.

TaP is “teen-centered.” We design our curriculum with teens in mind. We consider their unique personality, habits, attitudes, and lifestyles in order to provide the best service. Our education materials are specially designed for teen parents-to-be.

TaP strives to include the family in the patient’s care and education, including the father-to-be.

TaP is a team..we strongly believe that the patient’s prenatal care is more than just medical, so we place a high importance on all the team member’s disciplines.

The TaP team believes in the importance of empowering patients to be healthy and happy, to be good parents, and to continue to improve their life after leaving our clinic. The phrase “It takes a village to raise a child” speaks to these ideals.

TaP places a heavy focus on health and wellness for teens. We emphasize good habits like not smoking or using drugs, eating well, and exercising.

TaP is housed in the teen-friendly adolescent clinic of Nationwide Children’s, while other prenatal clinic settings are designed for adult women.



IV. Clinic Staff and Roles

TaP follows a multi-disciplinary approach to providing prenatal care. We work together as a team to assess patient needs and deliver services. Each team member has a unique role in the program.

Nurse
Midwife

Registered
Nurse

Clinic
Obstetrician

Medical
Assistant

Registered
Dietitian

Social
Worker

Program
Coordinator

Support
Staff

TaP Providers (MD, Midwife)

- Provide clinical prenatal and postpartum care
- Facilitate communication between TaP and delivery hospitals
- Provide leadership and direction of TaP
- Communicate with business planners
- Communicate with OBBO leadership
- CNM: contract with the OSU College of Nursing for midwifery services

Registered Nurse

- Perform nursing assessment of prenatal patients:
 - Maternal vitals
 - Measure fundal height/FHTs
 - Assess fetal movement
 - Assess for physical/social/emotional/cultural/safety concerns
- Perform nursing assessment of postpartum patients
- Providing patient education regarding contraception/LARC, safe sleep, labor precautions, breastfeeding, newborn care, etc.
- Placing LPIP-RN orders/Collecting lab specimens:
 - Urinalysis/DOA testing
 - Venipuncture/GCT
 - Urine STD testing
- Medication/immunization administration
- Assessing patient lab/ultrasound results; communicating abnormal results with physician to obtain/discuss patient treatment options
- Provide nurse telephone/clinic triage
- Communicate with pharmacies regarding patient medications
- Assist with coordination of patient care with hospitals/clinics/outside agencies
- Patient data collection
- Clinic/Ultrasound scheduling

Social Worker

The goal of the TaP social worker is to help patients successfully transition into parenthood. We understand that patients and their children have better long-term outcomes if patients have their high school diploma, stable housing, emotional and relational support, etc. The TaP social worker helps patients navigate their transition into parenthood in the following ways:

- Identify and provide resources to address patients' concrete needs and overcome barriers to care
- Assess for risk and safety concerns
- Refer patients to resources, such as home visitation nursing programs
- Provide psycho-education and skill development related to pregnancy and parenthood
- Provide drug and smoking cessation counseling
- Build relationships with community agencies inside and outside of NCH

Registered Dietitian

- Performs initial dietary assessment
- Creates dietary goals with pregnant patient
- Plots weight gain on chart
- Monitors weight gain at each appointment
- Provides nutrition counseling for healthy pregnancy including basic nutritional/dietary education
- Strives to reduce poor dietary habits and improve good health and wellness through food choices
- Emphasis on breastfeeding, AKA “first food”
- Offers breastfeeding education and support
- WIC referrals

Medical Assistant

OB Visits:

- Record BP, Weight, Pulse, height,
- Perform labs and tests
- Room patient and answer questions
- Assess fundal height and fetal movement.
- Assist the MD/provider with vaginal and cervical exams
- Monitor and administer vaccinations

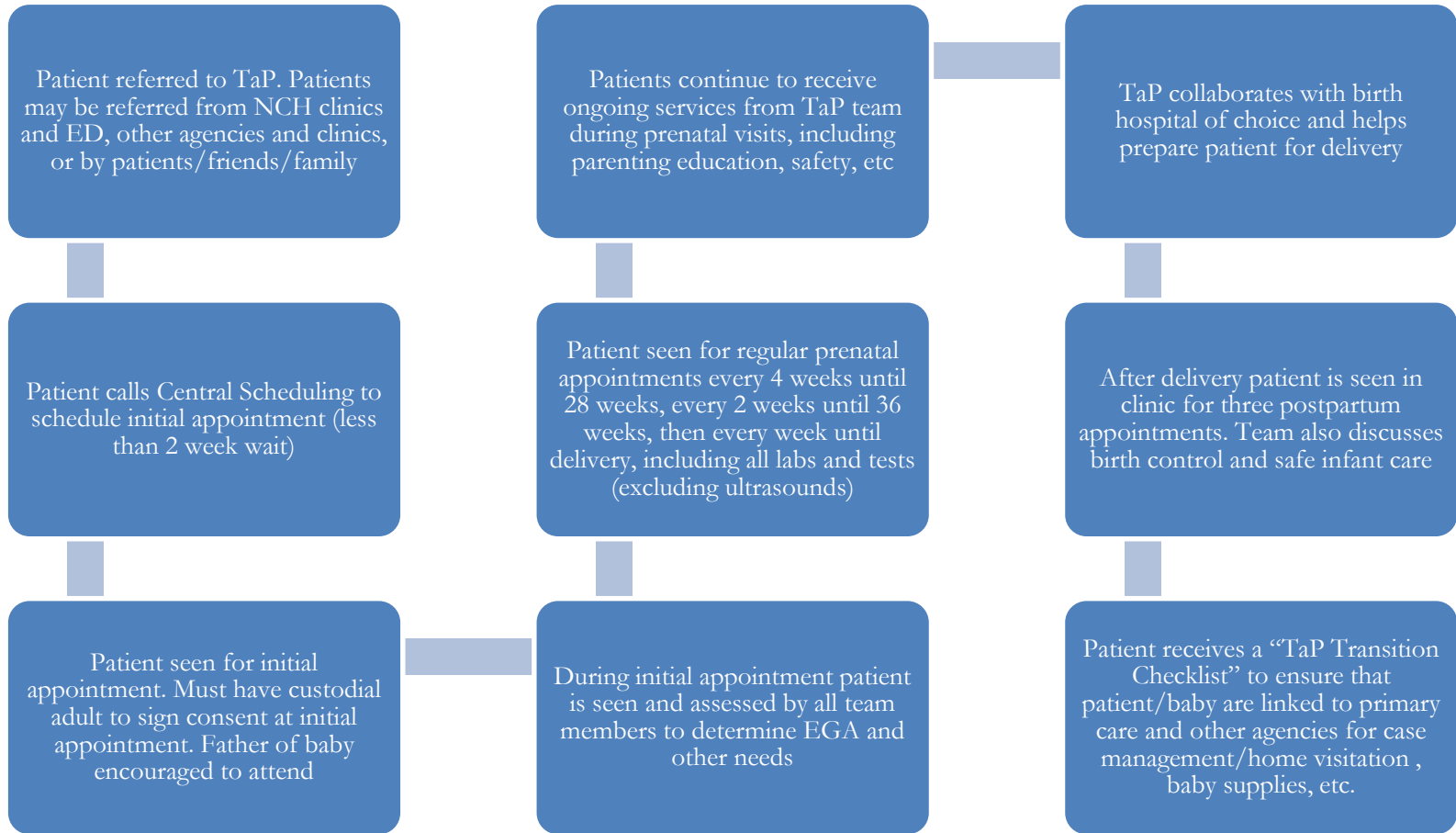
Administrative Work:

- Answer and return phone calls
- Schedule ultrasounds and other clinic appointments
- Schedule TaP appointments, monitor schedule
- Filing and copying
- Send / fax chart information and correspondence to other agencies/clinics/delivery hospitals
- Follow up with missed appointments
- Assist Program Coordinator in compiling and analyzing data

Program Coordinator

- Maintains communications among staff
- Helps maintain and improve patient flow in clinic
- Develops relationships with community partner agencies
- Prepares reports, summaries, and QI data
- Acts as a liaison between clinic staff and NCH departments/management
- Monitors billing, scheduling, IS, and other administrative issues
- Analyzes quality of care and attempts to improve care
- Liaison to marketing, PR and community outreach

V. The Patient Journey



VI. Collaborations and Referrals

Nationwide Children's Departments	Community Agencies
Nurse Family Partnership	WIC
Help Me Grow	Cap 4 Kids
Behavioral Health	Directions for Youth & Families
Youth Crisis Team	Columbus Public Health
Clinical Services & Care Coordination	Moms 2 Be
Adolescent Medicine	Center for Healthy Families
MATA (Suboxone) Clinic	Ohio Commission on Fatherhood
Center for Family Safety & Healing	Columbus City Schools
Emergency Department	Columbus Urban League
Finance/Information Services	Planned Parenthood
Marketing/Public Relations	Replenish Spa

Collaborations continued

Nationwide Children's Departments	Community Agencies
Family & Volunteer Services	Fairfield County Job&Family Svcs
Safe Sleep Coalition	Women's Care Center
Primary Care/Close to Home Clinics	Maryhaven
FACES (HIV) Program	OSU Prematurity/High-Risk Clinic
	CHOICES
	Franklin County Children Services
	OBBO, Prematurity Initiatives at OSU

VII. Current Numbers

(data updated as of 4/04/13)

Total Patients Seen	165
Active Patients	76
Deliveries	71
Transfer Care- includes high-risk patients transf. to OSU	18
Infant death	2
SAB/Abortion	13
Discharged patients	89

Numbers continued

Postpartum Care Total	60
Postpartum Care Active	14
Postpartum Care Non-Active	46
Home Visit Referrals	61* **
Current birth control total (8 of 61 SAB/EAB/-HCG; 53 of 61 PP)	61
Breastfeeding:	
PP#1	18 out of 57 patients who came (2 infant deaths)
PP#2	5 out of 28 patients who came
PP#3	2 out of 7 patients who came

Numbers continued

Inductions	5*
Cesarean Sections	4
Average Gestational Age of 1 st Tap visit	12.79 weeks
Premature deliveries	10
*estimation based on chart review	**education/information given for each patient

VIII. Successes and Challenges

Successes	Challenges
<ul style="list-style-type: none">• Establishment of clinic and staff• TaP served over 150 patients (without actively marketing/PR)• First of its kind in Columbus• Establishment of partnerships with many other agencies• Excellent prenatal care• Improved patient flow• Highly skilled and strong team• MATA collaboration	<ul style="list-style-type: none">• Limited clinic space• Limited FTEs for staff• Staff changes• Communication barriers between TaP and delivery hospitals• No-shows, especially for postpartum visits• Attempting to provide comprehensive prenatal and social work services within parameters of a small subspecialty clinic• Challenges associated with hospital choice

IX. Goals for 2013 and Beyond

- Improved initiation of prenatal care
- Increased number of attended prenatal and postpartum visits
- Begin Centering
- Decrease prematurity/ increase in gestational age
- Increase frequency of LARC use
- Decrease in subsequent pregnancies
- Overall decrease in adolescent pregnancies
- Overall decrease in infant mortality
- Break down barriers between pregnant teens → access to care
- Increased school retention during + after pregnancy
- Increased healthy behaviors for TaP patients
- In-clinic parenting classes
- Ultrasounds performed at Nationwide Children's
- Partner with RePleish spa to offer yoga and wellness services to pregnant teens
- Offer couplet care
- Offer fatherhood curriculum
- Initiate marketing campaign
- Discuss COPE curriculum and potential incorporation into TaP with the OSU college of nursing

Sample Photos



NATIONWIDE CHILDREN'S
When your child needs a hospital, everything matters.™